

TOWN OF DAVIE

OCCUPATIONAL
LICENSE DIVISION

6591 SW 45 ST
DAVIE, FL 33314
(954) 797-1112

PEDDLER / SOLICITOR / SEASONAL SALES APPLICATION

DATE 6/3/99 FILING FEE 50 RECEIPT # 185849 RECEIVED BY SS

License # _____ Control # _____ Date Issued _____

APPLICANTS NAME: Davie Merchants Industrial Assn, Inc, Edna Moore, Secretary-Director

ADDRESS: 4420 SW 64 Ave, Davie, FL 33314

PHONE NUMBER: Edna Moore 792-5932 Fax 792-5933

LOCATION SITE: NW Corner Stirling Rd & SW 64th Ave. (6099 Stirling Road)

HOW LONG DO YOU DESIRE TO DO BUSINESS IN THE TOWN OF DAVIE: June 21 to July 4, 1999

DESCRIBE THE NATURE OF YOUR BUSINESS/GOODS TO BE SOLD: Legal Fireworks (sparklers)
to be sold under canopy

PERSONAL INFORMATION: Date of Birth 7/29/22 Birth Place Gainesville, Fla Race N
Sex F Hair DK Auburn Eyes Blue Weight 160 Height 5'5" Age 76
Social Security Number 261-46-0231 Driver License Number M600-208-22-763-409

LIST ANY CHANGES OF ADDRESS WITHIN THE PAST FIVE YEARS: NONE

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME, MISDEMEANOR, OR VIOLATION OF ANY MUNICIPAL ORDINANCE? IF YES, STATE NATURE OF OFFENSE AND THE PUNISHMENT OF PENALTY ASSESSED NO

NAME OF PRESENT EMPLOYER AND ADDRESS: Schl Employed

Ltc. R. Estate Brokers Owner of Blue Chip Properties

VEHICLE INFORMATION: VIN # 1LNBM82F4J1866313 Year 1988

Tag # D3-1ST DL# Make Lincoln Model Town Car

The following are required at the time of application:

- | | | |
|---|--|---|
| <input type="checkbox"/> Health Department Permit | <input checked="" type="checkbox"/> Property Owners Approval | <input checked="" type="checkbox"/> Certificate of Insurance no less than \$1,000,000.00 |
| <input checked="" type="checkbox"/> Fingerprints | <input checked="" type="checkbox"/> \$50.00 Clean Up Bond | <input checked="" type="checkbox"/> References from two Broward County Property Owners |
| <input checked="" type="checkbox"/> Surety Bond of \$1,000.00 | <input checked="" type="checkbox"/> Proof of Portable Toilet | <input checked="" type="checkbox"/> 2"x2" Photograph (taken 60 days prior to application) |
| <input checked="" type="checkbox"/> Proof of Sales Tax Number | <input checked="" type="checkbox"/> Parking available | <input checked="" type="checkbox"/> <u>letter for waiver of fees.</u> |

I acknowledge that the above marked attachments are required for submission of this application. I have received a copy of section 17 of the Town of Davie Code and acknowledge the restrictions of same.

Edna H. Moore, Secretary-Director
Print Applicant's Name And Title

Edna H. Moore
Applicant's Signature

Planning & Zoning Approval	_____	_____	Date
Police Department Approval	_____	_____	Date
Fire Department Approval	_____	_____	Date
Code Enforcement Approval	_____	_____	Date
Town Clerk/Council Approval	_____	_____	Date
(Town Council Approval Needed for Seasonal Sales)	_____	_____	Date

Effective Date 09/97